

IN THE CIRCUIT COURT FOR MONTGOMERY COUNTY, MARYLAND
SITTING AS A JUVENILE COURT

IN THE MATTER OF:

PETITION NO.:

RESPONDENT #:

Consent For Disclosure of Confidential Information

I, _____, the Respondent in the above captioned Petitions, and I/we, _____, the parent(s)/guardian of the Respondent authorize the release of information pertaining to my/my child's participation in the Montgomery County Juvenile Substance Abuse Treatment Court program with team members of the following organizations/agencies:

Montgomery County's Juvenile Substance Abuse Treatment Court Judge, Team and Staff
Montgomery County's State's Attorney's Office
Defense Attorney assigned to the Juvenile Substance Abuse Treatment Court
Department of Juvenile Services
Montgomery County's Public School Representative
Montgomery County's Health Department
Institute For Family Centered Services, Inc.

We understand that the purpose of and the need for this exchange of information is to determine my/my child's acceptability for the drug court program and, upon entering the program, to monitor my/my child's progress, attendance, and compliance in treatment and other related goals in the program.

We understand that information about my/my child's medical status, mental health and/or drug treatment status, arrest history, school records, levels of compliance with the Juvenile Substance Abuse Treatment Court program participation, including the results of drug screening tools, may be discussed among members of the Juvenile Substance Abuse Treatment Court team. Further, we understand that information related to my/my child's progress in and compliance with the program may be discussed in open court as part of the weekly Juvenile Substance Abuse Treatment Court hearings. We understand that those in-court discussions include disclosure that I am/my child is in treatment for Substance Abuse and other issues, and is enrolled and participating in the Juvenile Substance Abuse Treatment Court.

As the Parent(s) or Guardian of the above named Respondent, it is understood that information pertaining to my/our own medical status, mental health and/or drug treatment status (including the results of drug screening tools), as well as my/our levels of compliance and

participation with the conditions of the Juvenile Substance Abuse Treatment Court program, and other material information may be discussed among the Juvenile Substance Abuse Treatment Court team members and may be mentioned in the discussions in open court at the time of my child's hearings..

We further understand that disclosure of this confidential information may be made only as necessary for and relevant to hearings and/or reports concerning the above captioned case.

We understand that this consent will terminate immediately following my/my child's termination or discharge, voluntarily or otherwise, from the drug court program and that prior to such time, we cannot revoke this consent without a hearing before the Juvenile Substance Abuse Treatment Court Judge.

We understand that Part 2 of Title 42 of the Code of Federal Regulations binds any discovery or admission made, and that anyone receiving this information may re-disclose it only in connection with his or her official duties.

We acknowledge that we have been provided with a Notice of Rights to Confidentiality by the Juvenile Substance Abuse Treatment Court Program given as part of this Consent for Disclosure of Confidential Information

Signature of Respondent (Program Participant) Date_____

(Signature of Parent or Guardian) Date_____

(Signature of Parent or Guardian) Date_____

(Signature of Legal Counsel) Date_____

Notice of Rights of Confidentiality For Participants, Parents, and/or Guardians, in the Montgomery County Juvenile Substance Abuse Treatment Court

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

Notification Form from 42 C.F.R. § 2.22(d)

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

As a participant in the Juvenile Substance Abuse Treatment Program, we are providing you with this Notice of Rights of Confidentiality for Participants to advise you, and your Parents or Guardian, of your rights to confidentiality and the disclosure of confidential information. You may elect to waive your rights to confidentiality as defined within this notice by signing the *Consent For Disclosure of Confidential Information* which provides the necessary consent from you, and your Parents or Guardian, to allow the disclosure of confidential information as provided in section (1) “the patient consents in writing,” of this Notice.

(See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 C.F.R. Part 2 for federal regulations.)